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CONFIRMATION NO. 5197

SERIAL NUMBER 09/713,962	FILING OR 371(c) DATE 11/15/2000 RULE	CLASS 705	GROUP ART UNIT 3687	ATTORNEY DOCKET NO. 320512.02
APPLICANTS Alain T. Rappaport, San Mateo, CA; Eliot Weitz, San Francisco, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/166,643 11/19/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 21
				INDEPENDENT CLAIMS 5
ADDRESS 69316				
TITLE METHOD, APPARATUS AND SYSTEM FOR COMMUNICATING HEALTHCARE INFORMATION TO AND FROM A PORTABLE, HAND-HELD DEVICE				
FILING FEE RECEIVED 1064	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	